



Memo Date: May 29, 2019

Memo Topic: Nursing Facility Claims Processing Update

To: Nursing Facility Providers

From: Healthy Connections Prime, South Carolina Department of Health and Human Services (SCDHHS)

Background Information

Previously (as described in an April 6, 2018, memo), SCDHHS implemented a claims processing procedure for Medicare-Medicaid Plans (MMPs) based on payment category. Claims for members residing in a facility who were not identified in payment categories 10, 33 or 54 were subject to denial by the MMPs. Nursing facility providers with an approved Form 181 for a Medicaid long term care (LTC) stay for these members were required to resubmit the claim along with the signed Form 181 for claims adjudication. SCDHHS reviewed all submitted Form 181s (and Phoenix documentation, for facilities participating in the Phoenix pilot), and notified the MMPs of approved dates of service.

Based on SCDHHS efforts to mitigate the need for additional reviews of MMP claims submissions, the process has been streamlined. The new process, as described below, goes into effect immediately.

Claims Processing Update

Providers must continue to check Medicaid eligibility monthly for both Medicare and Medicaid stays and submit all nursing facility claims to the MMPs for members enrolled in Healthy Connections Prime. When filing claims for Healthy Connections Prime members, providers must adhere to all MMP claims filing procedures. Claims submitted to SCDHHS for any of these members will continue to be denied with Edit Code 989.

Effective immediately, two new processes will go into effect:

- MMPs will require a signed Form 181 showing the member has been financially approved and determined eligible by SCDHHS for a Medicaid LTC stay for claims adjudication. For those in the Phoenix pilot, the claim must be accompanied by Phoenix documentation showing this approval and eligibility information.

Providers must contact the MMP for instructions on how to submit the Form 181 for initial and ongoing claims as processes will vary.

- All MMPs will require nursing facility providers to submit the following information from the approved Form 181 on their submitted claims: (1) enter patient liability amounts and (2) the Medicaid LTC Authorized to Begin Date. For those in the Phoenix pilot, submit the patient liability and Medicaid LTC eligibility begin date from Phoenix.

Please access the FAQs using the link below for more information on these two new processes, the Nursing Facility Intake to Claims Payment Process Flow, other FAQs and to access MMP contact information, or visit the Healthy Connections Prime website under Providers > Provider Toolkit > Provider Type-Specific Materials > Nursing Facility FAQs.

[Healthy Connections Prime FAQs for Nursing Facilities | Link](#)

Contact Information

For questions or additional guidance, please contact:

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